which, possibly, the favorable effect of the remedy depends—namely, that the iodoform forms with the underlying tissues a soft, firmly attached crust; indeed, it is impossible to get a good view of the wound-cavity until after some days, when the crust has come away of itself or has been removed By this crust-formation, on account of the scanty secretion, we can leave the first dressing unchanged for two or three days.

When we consider, on the one hand, that the artificial opening of the mastoid process in acute, as well as in chronic, diseases, leads to a prompt and perfect cure, and that the operation must be regarded as entirely free from danger; and, on the other hand, the often very tedious, incomplete recoveries accompanied with severe functional disturbance which now and then result from conservative treatment, we must decide in favor of the former plan; so much the more as under the conservative method there is always danger during its course of the extension of the disease deep into the mastoid. Again, in the chronic forms we are frequently unable to decide whether or not sequestra exist, which can only be removed by an operative procedure.—*Archives of Otology*, vol. xxii. No. 2.

MIDWIFERY AND GYNÆCOLOGY.

Craniotomy in Germany.

Dr. ADOLPH MERKEL contributes to a recent number of the *Archiv für Gynäkologie* an analysis of 100 cases of craniotomy occurring in the Leipzig clinic. Statistics are of very little use in determining questions relating to this operation, because its results depend almost entirely upon the personal dexterity of the operator, the cases in which the operation is done, and the time at which it is done. An obstetrician who recognizes the necessity for the operation early, and therefore does not waste time in fruitlessly attempting delivery by other methods, and who handles his instruments skilfully, ought to get a mortality, as far as the mother is concerned, not larger than that of ordinary labor. There are, however, two points in Dr. Merkel's communication worth noting. One is, that his results of craniotomy followed by cephalotripsy are better than those in which the latter operation was not done. The other is, that the author finds the scissor-shaped perforator (Levret's is the form he uses) better than the trephine, which is so commonly used in Germany, and recommended in German books. The latter discovery English practitioners have long since made; and we doubt not, that if they will try the English perforators, German obstetricians will come to agree with Dr. Merkel.—*Med. Times and Gaz.*, August 9, 1884.

Separation of the Symphysis Pubis during Labor.

Dr. E. F. ELDRIDGE reports the case of a woman who had been unable to walk for some time without the aid of two canes. On examination he found her pregnant, at nearly full term; the abdomen was enormously distended, the wall of the vagina relaxed and partially prolapsed, the symphysis pubis was separated three-quarters of an inch, and the bones at the sacro-iliac synchondrosis quite movable.

She said that the inability to walk had gradually come on; that she could feel her hips move up and down when she stepped, and that she felt as though she was being pried apart. At her confinement, which took place a week later, the normal pains came on, and the contractions were strong and regular. The presentation was normal and in the first position, but progress was slow, the labor lasting seven hours. The child was a male, weighing ten and one-half pounds, and looked as though it was at least a month old; the head was large, the fontanelles nearly closed, and the skull remarkably osssified. During the passage of the head through the outlet of the pelvis, the symphyses separated one and a quarter inches, so that two fingers could be passed between them.

She made a good recovery, the bones returned to their normal position, and finally united as firmly as before; locomotion is perfect. She said that she was troubled in the same way at her last confinement, but not to such an extent.—*Chicago Med. Journ. and Exam.*, Dec. 1884.

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The Value of Unilateral Incisions for Preventing Ruptures of the Perineum.

In an exhaustive article on this subject CREDÉ and COLPE, after studying the subject of ruptures of the perineum in regard to their frequency and the means for preventing them, pronounce themselves decidedly in favor of the unilateral incision; much preferring it to the recommendation of some authors that the rupture be allowed to occur, after which it may be cured by immediate suturing.

The following objections have been made to the lateral incision: 1. It may easily lead to more or less extensive ulceration after delivery, and thus retard recovery; 2. The wounds resulting from the incision may be the point of origin of infection; 3. The incision does not always prevent rupture of the perineum; 4. However small the incision may be, the operation is painful; 5. Finally, the incisions leave traces, and may favor, up to a certain point, occlusion of the vagina.

In reply to these objections, Credé and Colpe give the following statistics from the Leipzig Maternity Hospital, showing that as regards the numbers of perineal lesions there were, in 1000 primiparæ cases, 392; of these, there were 259 lateral incisions, or 25.9 per cent.; spontaneous ruptures 104, or 10.4 per cent.; ruptures in spite of incision 29, or 2.9 per cent. Of 1000 multiparæ cases, there were 12 lateral incisions, or 1.2 per cent.; spontaneous ruptures 24, or 2.4 per cent. *En résumé*, of 2000 cases of labor there were 271 lateral incisions or 13.5 per cent.; ruptures 128, or 6.4 per cent.; ruptures in spite of incision 29, or 1.4 per cent. As regards the sequelæ of these 2000 labors, 229 went out of the Maternity in about fifteen days.

As regards infection the dangers of the lateral incision should not be exaggerated. Of the 2000 cases tabulated, there were 33 deaths, 19 being due to infection, the remaining 14 to puerperal eclampsia, ruptures of the uterus, and intercurrent diseases. Besides the 19 cases of septicæmia, of 1572 labors with intact perineum, there were 15 deaths; of those with the lateral incision there were 4. It is rather more difficult to draw any definite conclusions as to the infectious accidents (non-mortal) during the labors, as there were a great many normal labors in these cases; but it is quite certain that the lateral incision plays no part in the production of disease.

As regards the objection that the lateral incision does not always prevent rupture, the statistics from the Leipzig Maternity show that, of 300 cases of episiotomy, there were 29 ruptures of the perineum, or 9.6 per cent. But it should be noted that in 25 of these cases there were other unfavorable circumstances; in 15